

| POSITION                         | INITIALS | ID NO. | DATE                |
|----------------------------------|----------|--------|---------------------|
| <b>FEE DETERMINATION</b>         |          |        |                     |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        |                     |
| <b>FORMALITY REVIEW</b>          | CV       | 503    | 5/10/61<br>06-13-01 |
| <b>RESPONSE FORMALITY REVIEW</b> | 1/8      | 127    | 09/28/01            |

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

| Claim | Date     |
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| Final | Original |
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| 4 0   |          |
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| Claim | Date     |
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If more than 150 claims or 10 actions  
staple additional sheet here

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